



KanCare Waiver Integration

KanCare CommunityCare – Proposal for Waiver Integration

The Kansas Department of Health and Environment and the Kansas Department for Aging and Disability Services (KDADS) are asking for public input on proposed changes to home and community based services through the 1915(c) waiver programs: Autism, Frail Elderly (FE), Intellectual and Developmental Disabilities (IDD), Physical Disabilities (PD), Serious Emotional Disturbance (SED), Technology Assisted (TA) and Traumatic Brain Injury (TBI).

Kansas is looking to amend the KanCare 1115 waiver to provide services from the individual HCBS waivers to all waiver program members under two new waiver categories for children and adults. The integrated waiver would be called KanCare CommunityCare.

The agencies are asking for consumers, providers and other stakeholders to provide information on what they believe the state should consider as we develop these proposed changes to the program. Public information sessions have been set for late August and early September. Kansas will begin drafting proposed changes for the current 1115 amendment, which will be posted for public comment by November, 2015. To receive ongoing updates about waiver integration, please visit the KDADS website at www.kdads.ks.gov and click on the link to be added to the email notification system.



KanCare Waiver Integration

Here are some sample questions and answers regarding this project:

1. When is this change going to occur?

If the 1115 waiver amendment is approved by the federal government, changes will occur and updated services will begin to be available in January 2017.

2. How will this impact my current services?

Your current services will continue until the new menu of services becomes available. We still need to work out how people will be transitioned, and we'd like to hear from stakeholders about how to do that, but services will be provided based on a person-centered plan of care.

3. Is this to save money due to state budget cuts?

No, these changes have nothing to do with state budget reductions. But we believe integrating the waivers and offering some different services will save money and allow us to serve more people.

4. How will this change KanCare?

It would not change your medical services or how they are managed by the MCOs. It may mean that you would be able to access some different services than you do now. There will be some new HCBS services added and some current HCBS services will be offered to more people on the waivers. The MCOs will continue to manage all KanCare services, including HCBS.



KanCare Waiver Integration

5. Will I need a new assessment?

That will depend upon how the transition is defined, but a new assessment will allow you the chance to demonstrate that you need different or expanded services.

6. Will eligibility requirements change?

We do not plan to change how people qualify for HCBS. The ADRC and other agencies will still carry out functional assessments to determine HCBS eligibility.

7. Will some consumers lose their services?

No. All of those currently served by our seven 1915(c) HCBS waivers will still receive HCBS under waiver integration.

8. Will I get new services?

You may, depending on your needs. New and expanded services will be available.

9. Will limits on services change?

Some of them might, but we will be adding new services that might better meet people's needs.



KanCare Waiver Integration

10. Will there still be a waiting list?

We believe we will be able to reduce or eliminate the waiting list because waiver integration will result in some savings when consumers select some more flexible, lower-cost services because those services better fit their needs.

11. Will I need to change providers?

That depends on whether your services change and whether your providers want to provide your new services. We hope to retain all HCBS providers and that they will consider providing new services (along with the services they already provide) to more HCBS consumers.

12. Will providers get paid more or less?

Some services that are similar and are provided to people on more than one waiver will have their rates blended to develop a consistent single rate. The state does not intend to reduce all rates to the lowest level. Waiver integration should allow more people to be served and create new services, both of which can give providers an opportunity to expand their businesses.

13. Will provider qualifications change?

They might for some services, but it is not our intent to disrupt service systems or do anything to create problems for consumers trying to access their services.



KanCare Waiver Integration

14. Will self-direction of services still be an option?

Yes, we are committed to continuing self-direction in HCBS and we believe some of the new services will help to support self-direction.

15. Why is the state looking at this change?

We believe that waiver integration will:

- Create equality for groups served through HCBS. Services should be offered on person-centered need rather than a disability definition
- Offer a broader array of services – some individuals have disabilities that qualify them for more than one HCBS program, but they are limited to a single set of services
- Improve the way consumers move from one HCBS program to another, and from children's service to adults' services
- Support development and expansion of community-based services
- Reduce administrative complexity
- Reduce or eliminate the waiting list